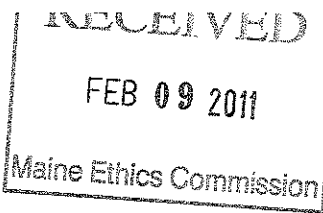


2010 Calendar Year



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

APPOINTED EXECUTIVE EMPLOYEES**2010 INITIAL STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)**

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the **Maine Ethics Commission** no later than five (5) days prior to the public hearing on your nomination held by the joint standing committee. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. **Please keep a copy of this form for your records.**

NAME AND CONTACT INFORMATION

Name

Cheryl H. Russell

Title

Commissioner of Labor

Department/Agency/Bureau/Division

Labor

Work Phone

207-631-6391

Mailing Address, City, ZIP

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER

List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.

☒ None

Name of Employer

Address

Principal Type of Economic Activity
of Employer**PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE**

A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.

☐ None

Name and Address of Business Entity or Law Firm

Major Areas of Economic Activity/
Practice (self)Major Areas of Economic Activity/
Practice
(partnership, association, firm or similar
business entity)

Name:

Address:

Cheryl H. Russell
Competitive Edge Consulting, LLC
47 Bridge Rd. Chester, ME 04029
Business Development Sub S
Sales, Marketing
Grantwriting Corporation

Name:

Address:

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

B. List each source of income derived from self-employment or practice that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	Professional Logging Contractors of ME	Logging Trade Association
Address:	49 Pineland Dr. #201A, New Gloucester, ME 04260	
Name:	Motorbrain Consulting, Inc.	Broadband IT provider
Address:	280 Enfield Rd, Lincoln, ME 04457	

PART 3. OTHER SOURCES OF INCOME

List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts or honoraria. If none, check the box.

☒ None

Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	

PART 4. REPORTABLE LIABILITIES

List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, loans from a relative, loans that were made as campaign contributions, or business loans from regulated financial institutions. If none, check the box.

☒ None During the reporting period.

Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	

PART 5. REPORTABLE GIFTS

List the specific source of gifts received during the reporting period with an aggregate value of more than \$300. If none, check the box.

☒ None

Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

PART 6. REPORTABLE HONORARIA

List the source of any honoraria accepted for appearances or speeches related to your official capacity or duties. If none, check the box.

☒ None

Name of Source of Honoraria

Name of Source of Honoraria

1.

3.

2.

4.

PART 7. REPRESENTATION BEFORE STATE AGENCIES

List each executive branch agency before which you or a member of your immediate family represented or assisted others for compensation of any amount other than your official salary. Indicate whether you or a family member appeared before the agency. If none, check the box.

☒ None

Name of Agency

Name of Agency

1.

3.

2.

4.

PART 8. BUSINESS WITH STATE AGENCIES

List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. Indicate whether you or a family member sold the goods or services. If none, check the box.

☒ None

Name of Agency

Name of Agency

1.

3.

2.

4.

PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,000 or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1,000 or more. Do not include gifts.

Name of Spouse or Domestic Partner and Job Title

Type of Economic Activity
Representing Source of Income
Received

Kind of Income

Name: David B. Russell, Spouse	1. Forest Products	1. Employment
Job Title: Parts and Service Manager	2.	2.
	3.	3.

Dependent Child(ren) - Job Titles Only

Job Title:

Job Title:

Job Title:

PART 10. OFFICER OR DIRECTOR POSITIONS


List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.

☐ None

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
Health Access Network P.O. Box 99 Lincoln, ME 04457	Director	Self		NO

SIGNATURE

I affirm that the contents of this report are true, complete and accurate to the best of my knowledge.


Signature

01/21/11
Date

Unsworn falsification is a Class D crime.

ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.

Part/Section Number

2

(continued)

- Lia Sophia
1235 N. Mittel Blvd.
Wood Dale, IL 60191
- Kid Care America
Lincoln, ME 04457
- Drigo Counseling Clinic
80 Columbia St. - Ste B
Bangor, ME 04401

Direct Sales

After-School Mentoring
Substance Abuse
Mental and
Behavioral Health
Counseling